

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1423 • Fax 919-733-4209 • Web www.nccpaboard.gov

**INSTRUCTIONS FOR NOTIFICATION OF NEW OWNER IN A PARTNERSHIP,
LIMITED LIABILITY COMPANY, PROFESSIONAL CORPORATION, OR
PROFESSIONAL LIMITED LIABILITY COMPANY**

Forms and Paperwork

- Completed *Required Information* sheet; and
- Two copies of the proposed CPA firm letterhead

The Board staff will review the above-referenced information to ensure that the CPA firm is in compliance with the Board's rules and that no inquiry or disciplinary action is pending against any of the individuals listed.

Fees

- None

Please complete the contact information below and submit to the Board with other required information.

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Contact Person

Name: _____

Mailing Address: _____

City, State & ZIP: _____

Daytime Telephone: _____

E-Mail Address: _____

REQUIRED INFORMATION

1) List all resident North Carolina partners below or on additional sheets:

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

2) List all non-resident partners below or on additional sheets:

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

NOTE: All non-resident CPA partners who enter North Carolina to practice must provide the Board with a *Notification of Intent to Practice*. Have all such partners practicing in this State provided the necessary *Notification of Intent to Practice*? () Yes () No